2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099023

Entity Name: SEDONA DREAMS, INC.

FILED May 01, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

501 E KENNEDY BLVD SUITE 1700 TAMPA, FL 33602

Current Mailing Address: New Mailing Address:

501 E KENNEDY BLVD SUITE 1700 TAMPA, FL 33602

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOPEZ, JOSEPH K SR SHANNON, JEFFREY C

501 E KENNEDY BLVD SUITE 1700 501 E KENNEDY BLVD SUITE 1700

TAMPA, FL 33602 US TAMPA, FL 33602 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEFFREY C. SHANNON 05/01/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition

 Name:
 LOPEZ, JOSEPH K SR.
 Name:
 MILLER, CHARLES

 Address:
 501 EAST KENNEDY BLVD SUITE 1700
 Address:
 1906 FLORESTA VIEW DR.

City-St-Zip: TAMPA, FL 33602 US City-St-Zip: TAMPA, FL 33602

Title: VP () Change (X) Addition

 Name:
 Name:
 EVANS, DAVID

 Address:
 Address:
 1300 PONDEROSA DR.

 City-St-Zip:
 City-St-Zip:
 EVERGREEN, CO 80439

Title: () Delete Title: S () Change (X) Addition

Name: Name: HOPKINS, LIZ

Address: Address: 400 N. ASHLEY DR. SUITE 2650

City-St-Zip: City-St-Zip: TAMPA, FL 33602

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 SHANNON, GINA

 Address:
 Address:
 3160 LAKE ELLEN DR.

 City-St-Zip:
 City-St-Zip:
 TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES MILLER P 05/01/2008